

NEW GUIDELINES FOR THE PREVENTION AND TREATMENT OF HIGH BLOOD PRESSURE: A CONSUMER PRIMER

The National High Blood Pressure Education Program (NHBPEP) of the National Heart, Lung, and Blood Institute (NHLBI) recently released *The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC VI). The report has important information for everyone, especially people with high blood pressure (also called hypertension). This information sheet, based on the JNC VI report, explains what you should know about the latest strategies to prevent and treat hypertension.

High Blood Pressure Can Cause

- ✓ Heart Attack
- ✓ Stroke
- ✓ Kidney Damage
- ✓ Heart Failure
- ✓ Damage to Eyes

About 50 million Americans have high blood pressure. Nearly one-third of them do not know they have it. If your blood pressure remains above 140/90 mm Hg, even if you are taking drugs for hypertension, ask your doctor why it remains high and what the two of you can do to lower it.

The table below, from the JNC VI report, shows the classification of blood pressure and how often you should have your blood pressure rechecked. If you are on drugs for high blood pressure, your doctor may recommend a different schedule of followup visits.

Table 1: Classification of Blood Pressure for Adults Age 18 and Older

Category*	Systolic pressure (mm Hg)		Diastolic pressure (mm Hg)		How often to have blood pressure rechecked
Optimal	<120	and	<80		Recheck in 2 years
Normal	<130	and	<85		Recheck in 2 years
High-Normal	130-139	or	85-89		Recheck in 1 year
High	≥140	or	≥90		Confirm within 2 months

* If systolic and diastolic blood pressures fall into different categories, the higher category is used to classify blood pressure.

What You Can Do To Prevent High Blood Pressure

Scientific studies have shown that, for many people, high blood pressure can be prevented. The JNC VI report lists five lifestyle changes that have been proven to help prevent hypertension or to lower blood pressure in people who already have hypertension.

- Lose weight if you are overweight.
- Limit your alcohol intake to no more than two drinks per day (beer, wine, or mixed drink). Women and lighter weight people should limit alcohol intake to no more than one drink per day.
- Exercise at least 30 to 45 minutes most days of the week.
- Reduce salt intake to 2,400 milligrams per day (about 1 teaspoon)—this includes the salt in processed foods and what you add at the table.
- Increase your potassium intake by eating fresh fruits and vegetables.

A study reported in the JNC VI report—Dietary Approaches to Stop Hypertension (DASH)—has shown that a diet rich in fruits, vegetables, and low-fat dairy foods but low in total fat can help lower blood pressure. The JNC VI report also recommends quitting smoking to improve your overall cardiovascular health.

Goal Blood Pressure

If you have hypertension, your doctor and you should develop a plan to lower your blood pressure to **below 140/90 mm Hg**. This is the **goal blood pressure** recommended in the JNC VI report for everyone with high blood pressure. For people with diabetes, heart failure, kidney damage, and some other conditions, the goal blood pressure should be lower.

Treatment for High Blood Pressure

The treatment plan for reaching your goal blood pressure should always include the lifestyle changes listed above, even if you are taking drugs for hypertension. If your blood pressure remains high despite lifestyle changes, drug treatment will be added to the recommended lifestyle changes. Talk to your doctor about which drug or drugs are best for you.

The JNC VI report recommends specific drugs depending on an individual's risk factors (see box) and other conditions you may have, such as heart disease, kidney damage, or previous stroke or heart attack. Some helpful tips for those taking drugs to lower blood pressure are listed below.

- Whenever possible, the drugs prescribed should be long-acting—that is, taken only once a day.
- Your doctor should start you on a low dose of the drug and then ask you to come back periodically to measure your blood pressure.
- If your blood pressure remains too high, your doctor will increase the dose of your medicine, try a different drug, or add another drug.

Staying on Drugs To Lower Blood Pressure

If you have questions about your medicine, ask your doctor or pharmacist. Do not reduce the dose or stop taking the drug without talking to your doctor. One of the most common reasons why treatment does not work is that patients do not take their pills as prescribed. If your medicine is too expensive, your doctor may be able to prescribe a generic drug, combination tablets, or larger tablets that can be divided to reduce costs.

Lower Your Risk Factors

- ✓ Stop Smoking
- ✓ Lower High Blood Cholesterol
- ✓ Control Diabetes
- ✓ Lose Weight If Overweight
- ✓ Exercise Moderately Most Days of the Week

For more information on high blood pressure, heart disease, or the DASH diet, contact the NHLBI Information Center, P.O. Box 30105, Bethesda, MD 20824-0105; telephone 301-251-1222; fax 301-251-1223; or e-mail nhlbiic@dgsys.com. The JNC VI report also is available at the NHLBI Web site at www.nhlbi.nih.gov/nhlbi/nhlbi.htm.